

FIG. 1

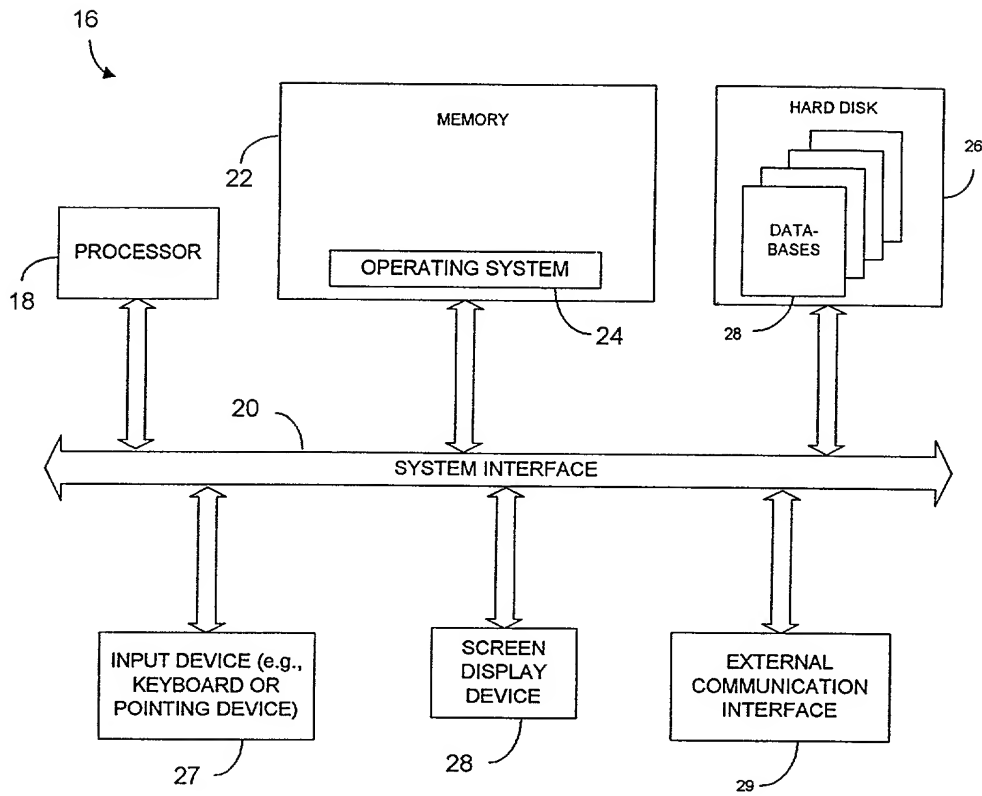


FIG. 2

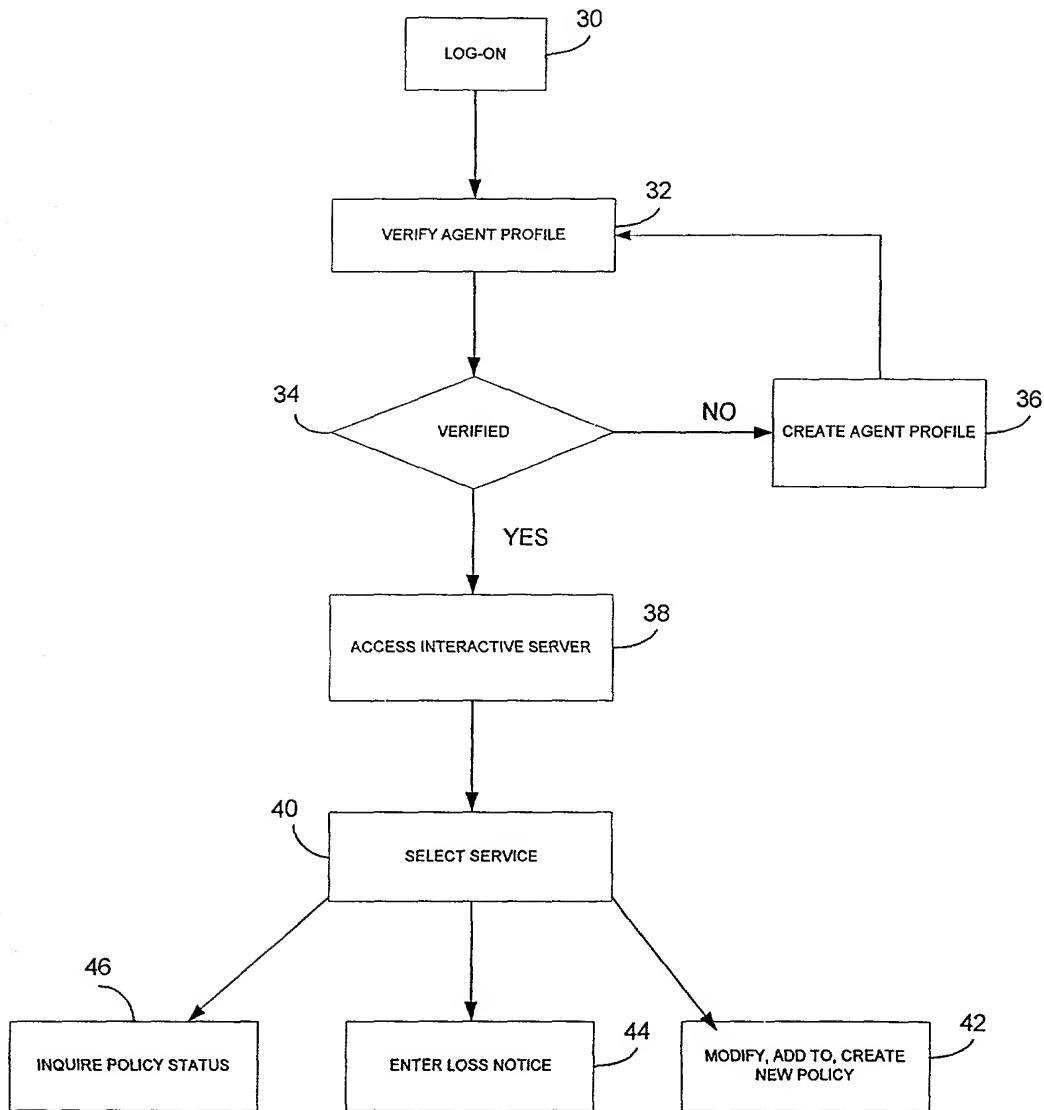


FIG. 3

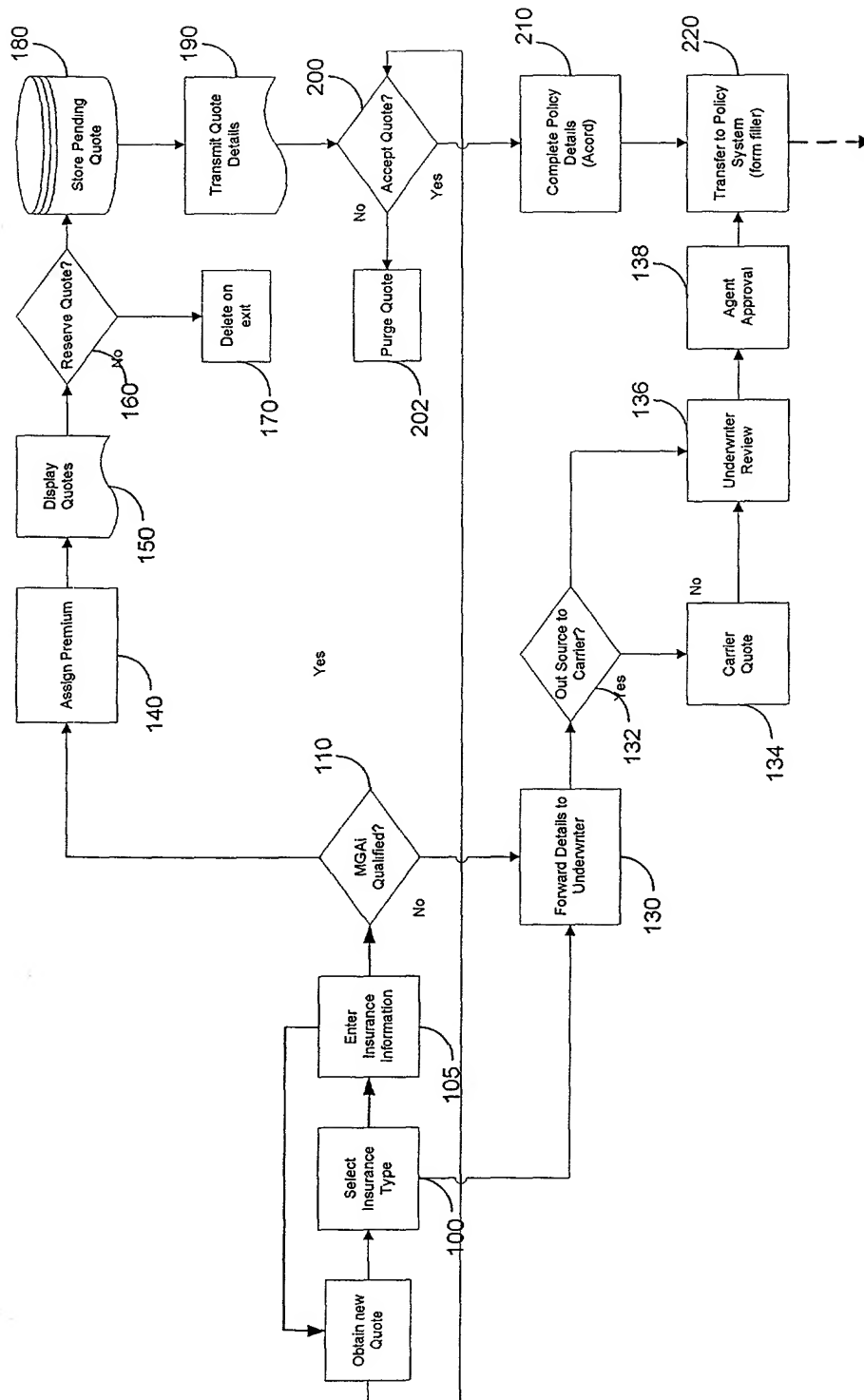


FIG. 4

Invention: Systems and Methods for Interactively Evaluating a
Commercial Insurance Risk
Inventor: Jill K. Jinks
Docket No.: 043409/241030



New Quote

Class 1:

Class 2: (optional)

State:

[Need a Different Class?](#)

Pending Quotes			
Quote #	Delete	Class	Name

Coverage Type(s):

☒ General Liability

☒ Inland Marine

[Request Quotes](#)



FIG. 5



Underwriter Questions

Primary Class: 91341 - Carpentry - Interior

Notes:

- This classification includes the installation of doors, floors, windows, cabinets and hardwood or parquet flooring. This classification is not applicable to contractors engaged in any other carpentry operations at the same job or location.

Rules:

- Have you ever had any coverage non-renewed or cancelled? ☐ Yes ☒ No

Secondary Class: 98305 - Painting - Interior

Notes:

- For spray painting operations a property damage deductible of \$250.00 per claim applies. Use Deductible Liability Insurance Endorsement CG 03 00.

Prior Loss Information:

- How many prior loss claims have you had in last 3 years?
- Were any of these claims over \$5,000? ☐ Yes ☒ No

FIG. 6A

Applicant Information

Name

State

County

General Liability Coverage Information

Total Payroll
(Add \$16,000 for each owner, partner and executive to total employee payroll.)

Coverage Amount

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Sub-Contractor Information

Do you use subcontractors? ☐ Yes ☐ No

If yes, are subcontractors insured with limits of insurance greater than or equal to amount carried by you? ☐ Yes ☐ No

If yes to above, what is the subcontractor cost?

If no to above, what is the subcontractor payroll?

Inland Marine Coverage Information

Note: Only Graders, Bulldozers, Portable Mixers, Generators, Forklift Trucks, and Front-end Loaders are covered.

Total Scheduled Coverage Amount:(limit \$50,000)

Is any equipment over 20 years old?: ☐ Yes ☐ No

Is equipment kept in a fenced and locked area not outside a 50-mile radius of business operations and not used for landscaping? ☐ Yes ☐ No

FIG. 6B



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Nautilus
General Liability Minimum Premium : \$500
Fee: \$100
Tax: \$24
Total: \$624

[View Endorsements](#)

[Reserve Quote](#)



Penn-America
General Liability : \$451
Fee: \$100
Tax: \$22
Total: \$573

[View Endorsements](#)

[Reserve Quote](#)



Western World
General Liability Minimum Premium : \$500
Fee: \$100
Tax: \$24
Total: \$624

[View Endorsements](#)

[Reserve Quote](#)

FIG. 7

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The Insurance House, Inc.

P.O. Box 28155
Atlanta, GA 30358-0155
PH: (770) 952-0800 * WATS:(800) 282-7024
FAX: (770) 952-3274

Quote id: 1286

Date: 10/13/2000
To: Jennifer Hisaw
The Insurance House
P.O. Box 28155
Atlanta, GA 30358-0155
Re: Ivan Brookshire
Coverage: Commercial General Liability
Premium Basis: \$16,000
Primary Insurance Class: Carpentry - Interior (91341)
Company: Penn-America

Limits of Liability:

General Aggregate Limit:	1,000,000
Products Completed Operations Limit:	1,000,000
Each Occurrence Limit:	1,000,000
Personal & Advertising Injury limit:	1,000,000
Fire Damage Limit:	50,000
Medical Expense Limit:	5,000

Coverage	Fee
General Liability	\$519
Fee	\$100
Tax	\$25
Total	\$643

FIG. 8A

Terms & Conditions

S1000 Common Policy Declarations
S2000 General Liability Declarations
CG0001 Commercial General Liability Coverage Form
CG0300 Deductible Endorsement
CG2147 Employment Related Practices Exclusion
S1001 Service of Suit
S1003 Minimum Earned Endorsement

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S2002 Combined Provisions Endorsement
S2006 Independent Contractors Conditional Endorsement
S2007 Contractual Liability Amendments
S2033 Lead Contamination Exclusion
CG2160 Exclusion - Year 2000 Computer Related & Other Electronic Problems

Reserve Quote Find Coverage

FIG. 8B



Quotes On-line

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Carrier:	Nautilus
Quote ID	496
Classification:	Grading of Land
Classification Code:	95410
Transaction type:	New
Company:	LIST VARIES BY CARRIER
Type of Coverage:	LIST VARIES BY CARRIER
Old Policy Number:	
Description:	
Terms and Conditions:	table lookup
Insured Name:	Scott Bertrand
Address:	
City:	Atlanta
State:	GA
Zip:	
Location Address:	
City:	
State:	Florida
Zip:	
Agency ID:	table lookup
State Specific Text:	table lookup
Issue Date:	8/23/2000
Effective Date:	8/23/2000
Expiration Date:	8/23/2001
Form of Business:	Individual
Business Description:	table lookup
U/W Code:	eMGA
General Aggregate Limit:	500,000
Products Completed Operations Limit:	500,000
Each Occurance Limit:	500,000
Personal & Advertising Injury limit:	500,000
Fire Damage Limit:	50,000
Medical Expense Limit:	5,000
Premium per Coverage Part:	7
Fee:	100
Tax:	24.56912
Premium Basis:	116000
Products Completed Operation Rate:	11.0825

FIG. 9A

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All Other Rate: 4.123
Products Completed Operation Premium: 1195.67
All Other Premium: 514.228
Total Premium: 1709.898

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FIG. 9B



Quotes On-line

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INDICATE SECTIONS ATTACHED

- | | | |
|--|---|---|
| <input type="checkbox"/> PROPERTY | <input type="checkbox"/> EQUIPMENT FLOATER | <input type="checkbox"/> GARAGE AND DEALERS |
| <input type="checkbox"/> GLASS AND SIGN | <input type="checkbox"/> INSTALLATION/BUILDERS RISK | <input type="checkbox"/> VEHICLE SCHEDULE |
| <input type="checkbox"/> ACCOUNTS RECEIVABLE/VALUABLE PAPERS | <input type="checkbox"/> ELECTRONIC DATA PROC | <input type="checkbox"/> BOILER & MACHINERY |
| <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY | <input type="checkbox"/> WORKERS COMPENSATION |
| <input type="checkbox"/> TRANSPORTATION/MOTOR TRUCK CARGO | <input type="checkbox"/> BUSINESS AUTO | <input type="checkbox"/> UMBRELLA |
| <input type="checkbox"/> TRUCKERS/MOTOR CARRIER | | |

PACKAGE POLICY INFORMATION

Enter this information when common dates and terms apply to several lines, or for monoline policies.

Payment Plan

Audit

PREMISIS INFORMATION

LOC # BLD # Street, City, County, State, Zip+4

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Nature of Business/Description of Operations by Premise(s)

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?
2. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?
3. IS A FORMAL SAFETY PROGRAM IN OPERATION?
4. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (IN RI, THIS QUESTION MUST BE ANSWERED BY ANY APPLICANT FOR PROPERTY INSURANCE. FAILURE TO DISCLOSE THE EXISTENCE OF AN ARSON CONVICTION IS A MISDEMEANOR PUNISHABLE BY A SENTENCE OF UP TO ONE YEAR OF IMPRISONMENT).
5. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

YES NO

☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐

FIG. 10A

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6. ANY UNCORRECTED FIRE CODE VIOLATIONS? ☐ ☐

7. ANY CATASTROPHE EXPOSURE? ☐ ☐

8. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? ☐ ☐

9. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RESERVED DURING THE PRIOR 3 YEARS?
NOT APPLICABLE IN MO. ☐ ☐

REMARKS

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FIG. 10B

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eMGA *Quotes On-line*

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LOSS HISTORY

Enter all claims (regardless of fault)
or occurrences that may give rise to claims for the prior 5 years (3 years in KS & NY)

TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
			OPEN
			OPEN

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

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FIG. 10C

Invention: Systems and Methods for Interactively Evaluating a
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COMMERCIAL GENERAL LIABILITY SECTION

SCHEDULE OF HARARDS

HAZARD 1

LOCATION #	<input type="text"/>
CLASSIFICATION	<input type="text"/>
CLASS CODE	<input type="text"/>
PREMIUM BASIS	<input type="text"/>
TERR	<input type="text"/>
RATE PREM/OPS	<input type="text"/>
RATE PRODUCTS	<input type="text"/>
PREMIUM PREM/OPS	<input type="text"/>
PREMIUM PRODUCTS	<input type="text"/>

HAZARD 2

LOCATION #	<input type="text"/>
CLASSIFICATION	<input type="text"/>
CLASS CODE	<input type="text"/>
PREMIUM BASIS	<input type="text"/>
TERR	<input type="text"/>
RATE PREM/OPS	<input type="text"/>
RATE PRODUCTS	<input type="text"/>
PREMIUM PREM/OPS	<input type="text"/>
PREMIUM PRODUCTS	<input type="text"/>

HAZARD 3

LOCATION #	<input type="text"/>
CLASSIFICATION	<input type="text"/>
CLASS CODE	<input type="text"/>

FIG. 10D

Invention: Systems and Methods for Interactively Evaluating a
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PREMIUM BASIS	
TERR	
RATE PREM/OPS	
RATE PRODUCTS	
PREMIUM PREM/OPS	
PREMIUM PRODUCTS	

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?	<input type="radio"/>	<input type="radio"/>
2. DO ANY OPERATIONS INCLUDED BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	<input type="radio"/>	<input type="radio"/>
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	<input type="radio"/>	<input type="radio"/>
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	<input type="radio"/>	<input type="radio"/>
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?	<input type="radio"/>	<input type="radio"/>
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	<input type="radio"/>	<input type="radio"/>

REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED

--

FIG. 10E

PRODUCTS/COMPLETED OPERATIONS

PLEASE DESCRIBE ALL PRODUCTS AND COMPLETED OPERATIONS

--

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?	<input type="radio"/>	<input type="radio"/>
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?	<input type="radio"/>	<input type="radio"/>
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?	<input type="radio"/>	<input type="radio"/>
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?	<input type="radio"/>	<input type="radio"/>
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?	<input type="radio"/>	<input type="radio"/>
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?	<input type="radio"/>	<input type="radio"/>
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?	<input type="radio"/>	<input type="radio"/>

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- | | | | |
|-----|--|-----------------------|-----------------------|
| 8. | PRODUCTS UNDER LABEL OF OTHERS? | <input type="radio"/> | <input type="radio"/> |
| 9. | VENDORS COVERAGE REQUIRED? | <input type="radio"/> | <input type="radio"/> |
| 10. | DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS? | <input type="radio"/> | <input type="radio"/> |

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

YES NO

- | | | | |
|-----|--|-----------------------|-----------------------|
| 1. | ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? | <input type="radio"/> | <input type="radio"/> |
| 2. | ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? | <input type="radio"/> | <input type="radio"/> |
| 3. | DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuels tanks, etc) | <input type="radio"/> | <input type="radio"/> |
| 4. | ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS? | <input type="radio"/> | <input type="radio"/> |
| 5. | MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS? | <input type="radio"/> | <input type="radio"/> |
| 6. | ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? | <input type="radio"/> | <input type="radio"/> |
| 7. | ANY PARKING FACILITIES OWNED/RENTED? | <input type="radio"/> | <input type="radio"/> |
| 8. | IS A FEE CHARGED FOR PARKING? | <input type="radio"/> | <input type="radio"/> |
| 9. | RECREATION FACILITIES PROVIDED? | <input type="radio"/> | <input type="radio"/> |
| 10. | IS THERE A SWIMMING POOL ON THE PREMISES? | <input type="radio"/> | <input type="radio"/> |
| 11. | SPORTING OR SOCIAL EVENTS SPONSORED? | <input type="radio"/> | <input type="radio"/> |
| 12. | ANY STRUCTURAL ALTERATIONS CONTEMPLATED? | <input type="radio"/> | <input type="radio"/> |
| 13. | ANY DEMOLITION EXPOSURE CONTEMPLATED? | <input type="radio"/> | <input type="radio"/> |
| 14. | HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? | <input type="radio"/> | <input type="radio"/> |
| 15. | DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | <input type="radio"/> | <input type="radio"/> |
| 16. | IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? | <input type="radio"/> | <input type="radio"/> |
| 17. | ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? | <input type="radio"/> | <input type="radio"/> |
| 18. | HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS? | <input type="radio"/> | <input type="radio"/> |
| 19. | IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? | <input type="radio"/> | <input type="radio"/> |
| 20. | DOES THE BUSINESS' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? | <input type="radio"/> | <input type="radio"/> |

FIG. 10F

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